MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF NUTRITIONAL HEALTH AND SERVICES

DIET INTAKE FOR INFANTS

BABY'S NAME	DATE OF BIRTH

PARENT/GUARDIAN NAME

WHO COMPLETED THIS FORM?	DATE COMPLETED

1. IS THE BABY BREAST-FED? ☐ YES ☐ NO	IF YES, HOW OFTEN?
IF NO, HAS THE BABY EVER BEEN BREAST-FED? ☐ YES ☐ NO	IF YES, HOW LONG?
IS THE BABY FED FORMULA? ☐ YES ☐ NO	IF YES, TYPE
PREPARATION METHOD	IRON FORTIFIED? ☐ YES ☐ NO

DOES THE BABY USE A BOTTLE? ☐ YES ☐ NO	IF YES, WHEN?	WHAT IS IN THE BOTTLE?

4. ARE OTHER FLUIDS FED TO THE BABY?
☐ YES ☐ NO

IF YES, WHAT FLUIDS?

COW MILK – WHOLE, 2%, SKIM (CIRCLE TYPE)	☐ YES ☐ NO	WATER	☐ YES ☐ NO
		IS SUGAR, HONEY, OR SYRUP ADDED?	☐ YES ☐ NO
FRUIT JUICES	☐ YES ☐ NO	IS THE WATER FLUORIDATED?	☐ YES ☐ NO
FRUIT DRINKS, KOOL-AID	☐ YES ☐ NO	WATER SOURCE:	☐ WELL ☐ CITY WATER
SOFT DRINKS	☐ YES ☐ NO		☐ CISTERN ☐ WATER DISTRICT
TEA, COFFEE	☐ YES ☐ NO		☐ OTHER

5. DOES THE BABY EAT OTHER FOODS?
☐ YES ☐ NO

IF YES, WHAT FOODS?

		AGE STARTED (MONTHS)			AGE STARTED (MONTHS)
DRIED BEANS	☐ YES ☐ NO		FRUITS	☐ YES ☐ NO	
CHEESE	☐ YES ☐ NO		FRUIT JUICES	☐ YES ☐ NO	
MEAT	☐ YES ☐ NO		BREADS	☐ YES ☐ NO	
POULTRY	☐ YES ☐ NO		CEREALS	☐ YES ☐ NO	
FISH	☐ YES ☐ NO		DESSERTS	☐ YES ☐ NO	
EGG YOLK	☐ YES ☐ NO		OTHERS, LIST		
WHOLE EGG	☐ YES ☐ NO				
VEGETABLES	☐ YES ☐ NO				

6. ARE ANY OF THE FOLLOWING ITEMS ADDED TO THE BABY'S FOODS?
☐ SALT ☐ BUTTER ☐ MARGARINE ☐ OIL ☐ GRAVY ☐ SUGAR ☐ HONEY OR SYRUP

OTHER, PLEASE LIST

HOW OFTEN AND TO WHAT FOODS?

7. DOES THE INFANT RECEIVE ANY OF THE FOLLOWING SUPPLEMENTS?
☐ VITAMINS ☐ IRON ☐ FLUORIDE

WHO PRESCRIBED THEM?	DOSAGES

8. IS THE BABY ON A SPECIAL DIET?
☐ YES ☐ NO

IF YES, WHY?
☐ ALLERGY ☐ WEIGHT PROBLEM ☐ OTHER (PLEASE DESCRIBE)

WHO RECOMMENDED THE DIET AND WHEN WAS IT STARTED?

9. WHAT CONCERNS DO YOU HAVE ABOUT THE BABY'S EATING HABITS?

Record below all foods eaten in a typical day.
Remember to record amounts eaten. This is important. If you are uncertain about the quantity, please estimate.
Describe the form of the food (e.g., frozen or canned) and the method of preparation (e.g., fried, boiled, etc.)

TIME	FOOD EATEN	AMOUNT	IS THIS FOOD APPROPRIATE?

RECOMMENDED INFANT EATING GUIDE

AGE	BREAST MILK* OR IRON-FORTIFIED INFANT FORMULA	INFANT CEREALS	PLAIN VEGETABLES	PLAIN FRUITS FRUIT JUICES	PLAIN MEATS EGG YOLK	SOME PLAIN TABLE FOODS
Birth-3 months old	Yes					
4 months old	Yes	Yes				
5 months old	Yes	Yes	Yes			
6 months old	Yes	Yes	Yes	Yes		
7-12 months old	Yes	Yes	Yes	Yes	Yes	Yes

*Breast fed infant should receive iron source from diet or supplement at 6 months of age.

Please note: The serving sizes of each food will vary with the infant's age and growth rate. The introduction of solid foods may be delayed if desired.

COMMENTS AND RECOMMENDATIONS: